

## CHANGE OF OWNERSHIP REQUEST FOOD SERVICE ESTABLISHMENT

**FOOD PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>**  
Permits are non-transferrable from one owner to another.

### FOOD SERVICE NAME AND LOCATION

NEW FACILITY NAME: \_\_\_\_\_

PREVIOUS FACILITY NAME: \_\_\_\_\_

NEW OWNER NAME: \_\_\_\_\_

FACILITY STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

### NEW OWNER MAILING INFORMATION \*REQUIRED\*

NAME\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

Email \_\_\_\_\_

DAY TIME PHONE\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Change in Menu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Seating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in Layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When was the previous business closed?

☐ Less than 90 Days

☐ 90 Days to 1 Year

☐ 1 Year +

☐ Unknown

**Notice:** By submitting this form, you attest to the accuracy of the information and that you will comply with the food code.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

New owner may begin operation, once payment has been received **PROVIDED THAT** no changes have been made in the facility (i.e. menu change, equipment, seating, layout etc.) **AND** it has been less than 90 days since previous operations ended.

If a facility has been closed more than 90 days **OR** a facility's menu, seating, equipment, or layout has changed; you must obtain approval from a health inspector prior to operating.

**Are you interested in having an interpreter for on-site visits? If yes, what language?** \_\_\_\_\_

### PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

Check if applicable:

Date opened \_\_\_\_\_

Seasonal operation:

Date of opening \_\_\_\_\_

Date of closing \_\_\_\_\_

Prorated Permit Fee \$ \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Field Plan Review Fee \$ \_\_\_\_\_

Seating capacity (if seating is provided)

Check or Money Order, Payable to: **SKCDPH**

**Total Due** \$ \_\_\_\_\_

☐ VISA

☐ Master Card

☐ Discover

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Billing Address: \_\_\_\_\_, City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ 3 Digit Code (on back): \_\_\_\_\_

Required Signature (as on Credit Card): \_\_\_\_\_

### OFFICE USE ONLY

PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ PLAN REVIEW SR \_\_\_\_\_

VARIANCE SR \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ DATE FACILITY OPENED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INSPECTOR NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Food Establishment Categories and Permit Fees 2015

Effective 3/21/15 - 12/31/15

## PERMIT CATEGORY\*

	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$380	6702 - \$576	6703 - \$819
General Food Service- 13-50 seats	6711 - \$380	6712 - \$615	6713 - \$868
General Food Service- 51-150 seats	6721 - \$380	6722 - \$615	6723 - \$947
General Food Service- 151-250 seats	6731 - \$380	6732 - \$753	6733 - \$1,049
General Food Service- over 250 seats	6741 - \$390	6742 - \$822	6743 - \$1,158
Limited Food service- no permanent plumbing	6757 - \$380	NA	NA
Bakery- no seating	6751 - \$452	6752 - \$540	6753 - \$795
Bed and Breakfast	6761 - \$379	NA	NA
Grocery Store- no seating	6765 - \$371	6766 - \$687	NA
Caterer	6771 - \$493	6772 - \$640	6773 - \$795
Meat/Fish Market	NA	NA	6777 - \$827
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$519	6782 - \$830	6783 - \$1,070
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$380	6736 - \$576	6737 - \$819
School Lunch Program	NA	6792 - \$578	NA

\*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

## PLAN REVIEW FEES

New Construction	4 hour base fee (\$860 ) + \$215/hr after 4 hours
Remodel	3 hour base fee (\$645 ) + \$215/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$645) + \$215/hr after 3 hours
Resubmitted plan review-billable	\$215/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$430 ) + \$215/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$430 + \$215/hr after 2 hours

## PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

## LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

## MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$215/hr
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

## Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

### MAKE CHECKS PAYABLE TO:

**SKCDPH**  
**MAIL TO: Public Health – Seattle & King County**  
**Downtown Environmental Health**  
**401 - 5<sup>th</sup> Avenue, Suite 1100**  
**Seattle, WA 98104**

**PERMITS AND LICENSES PHONE: 206-263-9566 Fax- 206-296-0189**

**WEBSITE: <http://www.kingcounty.gov/health/foodsafety>**